



MISSOURI INTERPRETER CERTIFICATION MAINTENANCE

BOARD FOR CERTIFICATION OF INTERPRETERS

Application for Approval of Continuing Education Program

1103 Rear Southwest Boulevard

Jefferson City, MO 65109

(573) 526-5205 (V/TTY)

This form is to be used when a provider of continuing education desires approval of a program by the Board of Certification of Interpreters for participants to acquire continuing education hours for CEU requirements. This form must be submitted thirty (30) days prior to the initiation of the program. COMPLETE THIS FORM CAREFULLY. All information must be complete and comply with all rules and regulations of the Board for Certification of Interpreters before approval is granted.

PROGRAM PROVIDER

NAME AND ADDRESS OF CONTACT PERSON FOR REGISTRATION

PHONE NUMBER

(Voice/TTY/BOTH)

INSTRUCTOR(S)

*The instructor's resume must be included to show education, experience, and expertise to provide this activity.

Instructor(s) -- are you applying CEUs for time expended during this activity? _____ Are you an instructor in an ITP? _____

PROGRAM TITLE

BRIEF DESCRIPTION OF THE PROGRAM

SPECIFIC PROGRAM OBJECTIVES/GOALS (Use additional paper if needed)

TYPE OF PROGRAM

LIVE LECTURE

WORKSHOP OR DISCUSSION GROUPS ONLY

HANDS-ON EXPERIENCE

LIVE LECTURE WITH OPEN DISCUSSION PERIOD

LIVE LECTURE W/SMALL DISCUSSION OR WORKSHOP GROUPS

AUDIO-CASSETTE

JOURNAL ARTICLES

HANDOUTS (What?) _____

OTHER _____

EVALUATION METHODS (How will participants be evaluated to assure satisfactory completion and comprehension of such program and how the program and instructor(s) will be evaluated -- include copy of evaluation forms)

THIS PROGRAM IS WITHIN THE CONTENT AREA OF:

Culture

Skills Development

Trends/Issues in the Interpreting Profession

Specialized Skills

THE INSTRUCTIONAL LEVEL OF THIS ACTIVITY IS:

Introductory

Beginner

Intermediate

Advanced

THE TARGET AUDIENCE IS:

PROGRAM LOCATION:

DATE(S)

START & END TIME OF PROGRAM

TOTAL HOURS

FOR OFFICE USE ONLY

PROGRAM
APPROVED
DISAPPROVEDCEUs AWARDED FOR
THIS PROGRAM:DATE APPLICATION
RECEIVEDRESUME(S) INCLUDED
YES
NONOTIFICATION OF APPROVAL/
DISAPPROVAL SENT